

1/5

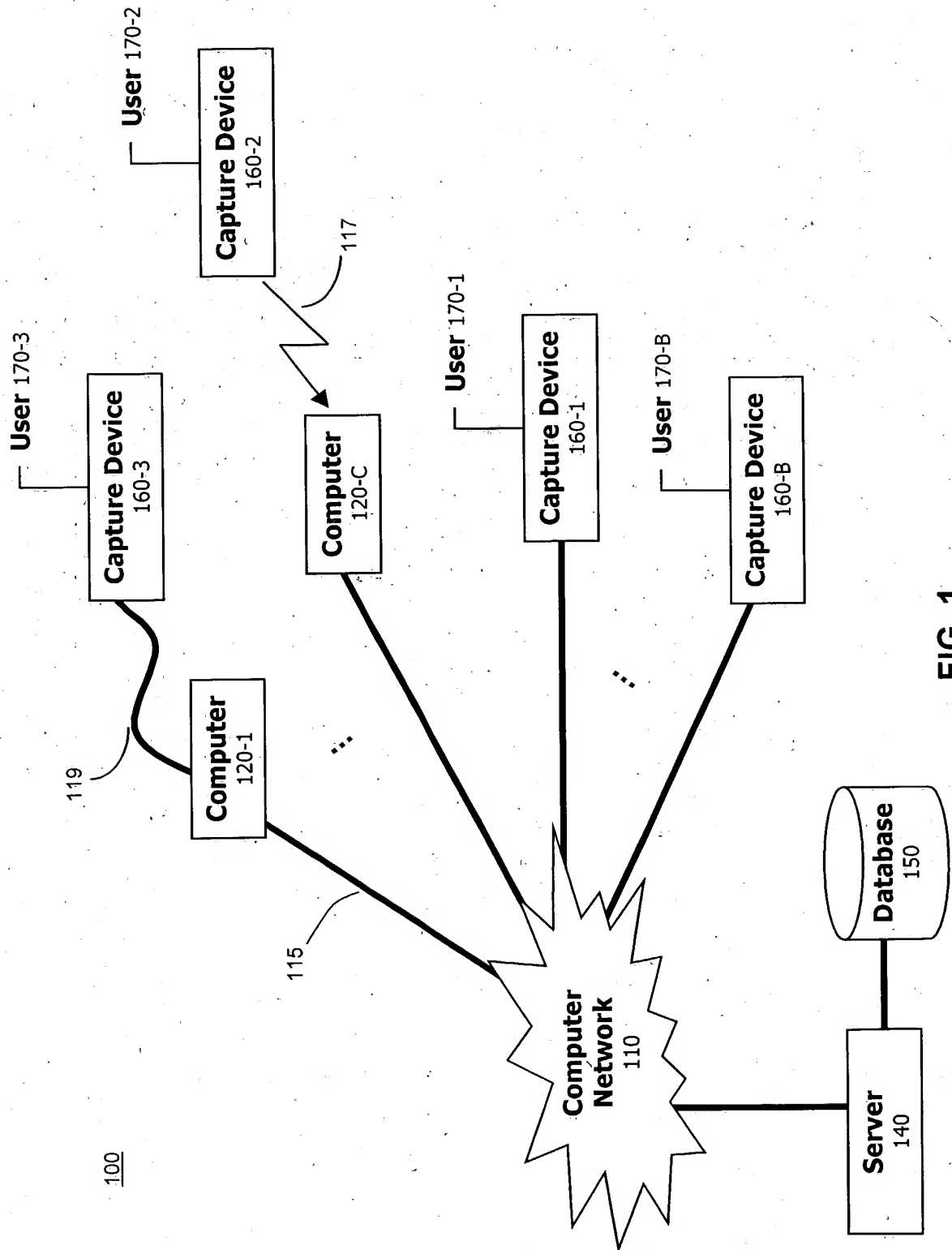


FIG. 1

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200

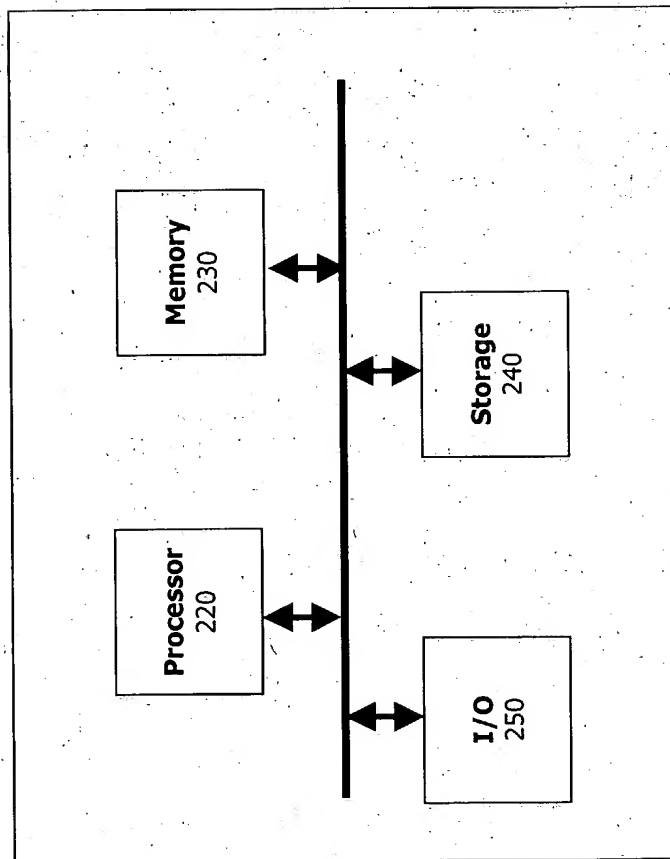


FIG. 2

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300

340

350

☐ AM
 ☐ PM

310

Jan ☐

Feb ☐

Mar ☐

Apr ☐

May ☐

Jun ☐

Jul ☐

Aug ☐

Sep ☐

Oct ☐

Nov ☐

Dec ☐

320

1 ☐ 17 ☐

2 ☐ 18 ☐

3 ☐ 19 ☐

4 ☐ 20 ☐

5 ☐ 21 ☐

6 ☐ 22 ☐

7 ☐ 23 ☐

8 ☐ 24 ☐

9 ☐ 25 ☐

10 ☐ 26 ☐

11 ☐ 27 ☐

12 ☐ 28 ☐

13 ☐ 29 ☐

14 ☐ 30 ☐

15 ☐ 31 ☐

16 ☐

330

2000 ☐

2001 ☐

2002 ☐

2003 ☐

2004 ☐

2005 ☐

2006 ☐

Sample Questionnaire

Q1. Are you male or female?
☐ male ☐ female

Q2. How old are you?
☐ 0-19 ☐ 20-45 ☐ 46+

Q3. How often do you drink carbonated beverages?
☐ sometimes ☐ always ☐ never

Q4. What is your favorite color?
☐ red ☐ blue ☐ green
☐ yellow ☐ other

360

370

☐ FORM 3B

FIG. 3

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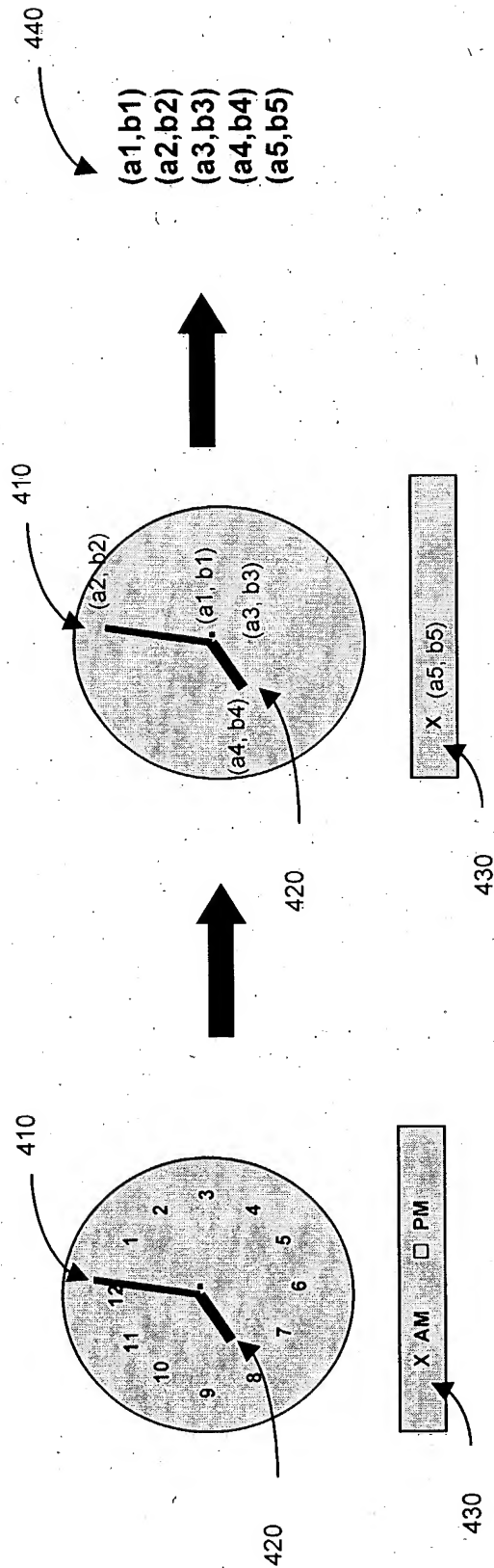


FIG. 4

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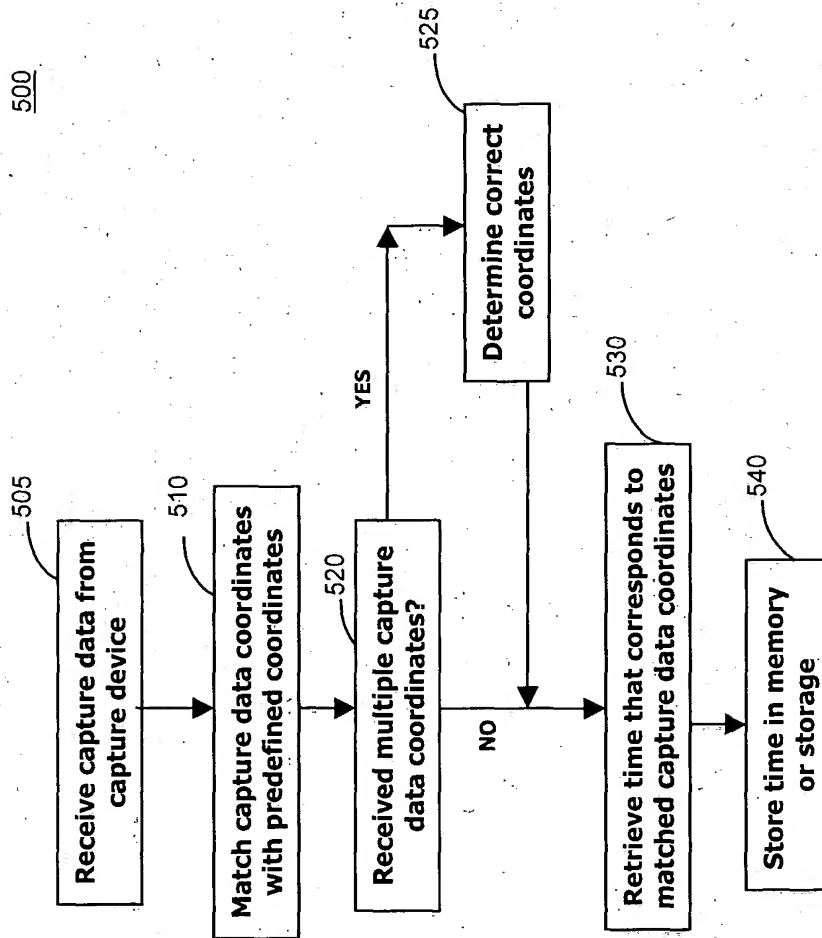


FIG. 5